

FILED DEC 6 1943
Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 96

1. PLACE OF DEATH:

(a) County..... Franklin
(b) City or town..... Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:..... St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 10 days. Specify whether
In this community..... 10 days.
years, months or (days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hazden
(c) City or town Northasville
(d) Street No. R.F.D. (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Frieda Theresa Williams

3. (b) If veteran, _____ name war _____

3. (c) Social Security _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1984 hour 12: minute 45 AM

21. I hereby certify that I attended the deceased from Nov. 17, 1943 to Nov. 28, 1944
that I last saw ed alive on Nov. 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: <i>Cerebral</i>	Duration
<i>ecutolism</i>	<i>10 hrs</i>

Due to <i>Acute gangrenous</i>	11-17-
<i>appendicitis perforated</i>	
Due to <i>Blacx skin</i>	1

Other conditions, last known 21 11
(Include pregnancy within 3 months of death)

Major findings:
Of operations. *gangrenous*
abscesses, perforated
Of autopsy. *no autopsy*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place.....

(Specify type of place)
While at work? (e) Means of injury
713. Signature *P. R. Curtis M. D.* (M. D. or other)
Address *Washington, D.C.* Date signed *11-29*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
_____, Registered Apprentice No. 2387
working under my personal supervision.

Signed A. F. Michels

Licensed Embalmer No. 2387
P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.